

**Arkansas Department of Human Services  
Division of Developmental Disabilities Services**

**ACS Waiver Provider Unable To Serve**

Provider Name:

Name of Individual Provider is Unable to Serve:

Medicaid Number:

Date of DDS Referral to Provider:

Date of Notice of Inability to Serve Person:

Services Provider is Unable to Provide:

- ☐ Supportive Living
- ☐ Adaptive Equipment
- ☐ Environmental Modifications
- ☐ Case Management
- ☐ Supported Employment
- ☐ Consultation
- ☐ Crisis Intervention
- ☐ Specialized Medical Supplies
- ☐ Supplemental Support Services
- ☐ Respite Care
- ☐ Transitional Case Management
- ☐ Community Transition Services

Reason(s) Unable to Serve:

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Provider Name and Staff Name

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Date